

MEMBERSHIP APPLICATION FORM

PLEASE PRINT

Member's Name _____

Organization/Company/Local Government

Region (if applicable) _____

Mailing Address _____

City/Town _____

Province _____ Postal Code _____

Phone: _____

Fax: _____

Email: _____

For Student Members Only:

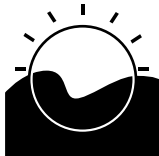
Educational Institution:

Faculty/Study: _____

Student ID #: _____
(required for membership)

I will be graduating _____
Month/Year

FOR OFFICE USE ONLY	
Date Received _____	Member ID# _____
Membership Expiry Date _____	
Date Entered _____	



**RECREATION CONNECTIONS
MANITOBA**



MEMBERSHIP CATEGORY

Please check one category

- | | | |
|--------------------------|---|----------|
| <input type="checkbox"/> | Individual Membership | \$95.00 |
| <input type="checkbox"/> | Associate Membership | \$60.00 |
| <input type="checkbox"/> | Student Membership | Free |
| <input type="checkbox"/> | Local Government Membership
<i>(Please fill out enclosed Local Government
Membership Application Form)</i> | |
| <input type="checkbox"/> | Corporate Membership | \$600.00 |
| <input type="checkbox"/> | Premium Advertisement <i>(if applicable)</i> | \$75.00 |

TOTAL PAYABLE = \$

Method of Payment

Cheque/Money Order Enclosed
(Payable to Recreation Connections Inc.)

Please Invoice

Organization/Company _____

Attention (Name) _____

Address _____

City _____

Prov _____ Postal Code _____

Purchase Order #:

Mail your completed Membership Application Form to

Recreation Connections Manitoba Inc.

402-145 Pacific Avenue

Winnipeg, Manitoba R3B 2Z6

Tel: (204) 925-5747

Fax: (204) 925-5792



RECREATION CONNECTIONS
MANITOBA

